UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

TEMPORARY FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: December 31, 2008
Estimated average burden

Mail Processing

DEC 092008

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Washington, DC
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section Type of Filing: Amendment	4(6) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
WPS Holdings, LLC	08066231
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone number (meruanig Area coue)
901 Main Avenue, Suite 600, Norwalk, CT 06851 Address of Principal Business Operations (if different from Executive Offices) (Number and Street, City, State, Zip Code)	(203) 846-1900 Telephone Number (Including Area Code)
Brief Description of Business	
Management of real estate brokerage business Type of Business Organization corporation business trust Ilimited partnership, already formed X other (please)	ase specify): limited liability compenSSED
Month Year	PROOF
Actual or Estimated Date of Incorporation or Organization:	M DEC 1 82008
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	DEC TOTAL
CN for Canada; FN for other foreign jurisdiction)	THOMSON REUTERS
GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CF notice in paper format on or after September 15, 2008 but before March 16, 2009. During that perio initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using 1 comply with all the requirements of § 230.503T. Federal:	R 239.500T) or an amendment to such a d, an issuer also may file in paper format an
Who Must File: All issuers making an offering of securities in reliance on an exception under Regula seq. or 15 U.S.C. 77d(6).	ation D or Section 4(6), 17 CFR 230.501 et
When To File: A notice must be filed no later than 15 days after the first sale of securities in the off Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address after the date on which it is due, on the date it was mailed by United States registered or cert Where To File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 205	address given below or, if received at that ified mail to that address.
Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be me must be a photocopy of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only any changes thereto, the information requested in Part C, and any material changes from the information.	anually signed. The copy not manually signed report the name of the issuer and offering,
Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate each state where sales are to be, or have been made. If a state requires the payment of a fee as a profee in the proper amount shall accompany this form. This notice shall be filed in the appropriate state Appendix to the notice constitutes a part of this notice and must be completed. ATTENTION	notice with the Securities Administrator in econdition to the claim for the exemption, a
Failure to file notice in the appropriate states will not result in a loss of the federal exerappropriate federal notice will not result in a loss of an available state exemption unlessifiling of a federal notice.	

	A. BASIC IDE	NTIFICATION DATA		
2. Enter the information requested for the follow	ing:			
• Each promoter of the issuer, if the issuer	has been organized wit	thin the past five years;		
 Each beneficial owner having the power to 	vote or dispose, or dire	ect the vote or disposition (of, 10% or more of a	class of equity securities of the issuer
Each executive officer and director of con-	rporate issuers and of c	orporate general and man	aging partners of pa	ertnership issuers; and
• Each general and managing partner of par	rtnership issuers.			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) BLT WPS Holdings, LLC	·			
Business or Residence Address (Number and Stree 901 Main Avenue, Suite 600, Norwalk, CT 06	et, City, State, Zip Cod 3851	lc)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Breunich, Paul E.				
Business or Residence Address (Number and Stree 901 Main Avenue, Suite 600, Norwalk, CT 060	et, City, State, Zip Cod 851	(c)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Jones, Jr., Louis B.				
Business or Residence Address (Number and Stree 901 Main Avenue, Suite 600, Norwalk, CT 06		c)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Stree	et, City, State, Zip Cod	c)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Stree	t, City, State, Zip Code	c)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director [General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Stree	t, City, State, Zip Code	=)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director [General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Stree	t, City, State, Zip Code	:)		
(Use blank shi	eet, or copy and use ad	ditional copies of this she	et, as necessary)	

			, 1		В. Г	NFORMAT	JOZ ÝBOI	IT OFFERI	ING				
1 17	•		d. or does ti			ll to non r	ooroditad	inverters i	n this offer	ina?		Yes	No
• • • • • • • • • • • • • • • • • • • •	ias inc	iaauci aug	u. or uoes u			n, to non-c n Appendix				~			
2. W	What is the minimum investment that will be accepted from any individual?									s_N//	s_N/A		
3. D	nes the	e otřerina	permit join	t ownershi	in of a sinc	ile unit?						Yes	No 🗖
		_			-						lirectly, any	K	
ec lí oi	ommis: la pers r states	sion or sim on to be lis i, list the n	ilar remune sted is an ass	ration for s sociated pe roker or d	solicitation erson or ago ealer. If mo	of purchas ent of a brol ore than fiv	ers in conn ker or deale e (5) perso	ection with cregistere ns to be list	sales of se d with the S ted are asso	curities in 1 SEC and/or	the offering. with a state sons of such		
Full N	ame (I	ast name	first, if indi	iviđual)									
Busine	ess or l	Residence	Address (N	umber an	d Street. C	ity, State, 7	(ip Code)		V			 	
Name	of Ass	ociated B	roker or De	aler					eritestation de des des des des des				
States	in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers		 				
(€	Theck '	"All State:	s" or check	individua!	l States)		**** **********************************		**********	······································		☐ Al	States
	M.	AK	AZ	AR	CA	CO	CT	DE	DC	FI.	GA	HI	ID
	L TT	IN NE	IA NV	KS NII	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	रा	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full N	ame (1	.ast name	first, if indi	vidual)	· <u></u>								·
Busine	ss or	Residence	Address (?	Number an	d Street, C	ity, State,	Zip Code)	о гранції пункційня ца г убицата гібі узанц					
Name (of Ass	ociated Br	roker or De	aler	and the state of t	- <u> </u>							*************************************
States	in Whi	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			****			· · · · · · · · · · · · · · · · · · ·
(C	lheck '	'All States	or check	individual	States)				**** : *** ** *** ; ***		*******	☐ All	States
	T.	ĀK	AZ.	AR	CA	CO	CT					HL	ID
_	1.] [T]	IN NE	IA NV	NII NII	KY NJ	I.A NM	ME NY	MD NC	MA ND	OII	MN OK	MS OR	MO PA
	<u> </u>	SC	SD	TX	TX		VT	VA	WA	WV		WY	PR
Full Na	ame (l.	ast name	first, if indi	vidual)		.,,,,,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Busine	ss or	Residence	Address ()	lumber an	d Street, C	ity, State, 2	Zip Code)			urge reporter by required to proceed to			
	. P. A	I D											
Name (of Asso	ociated Br	oker or Dea	ller									
			Listed Has				Purchasers						,
(C	heck "	'All States	" or check i	ndividual	States)		* 1 * * * * * * * * * * * * * * * * * *	•••••••		••••••••••••	*******		States
	L	AK	AZ	AR	CA	CO	CT	DE	DC	FL.		HI	
<u>П</u> М	_	IN NE	IA NV	KS)	KY NJ	I.A NM	ME NY	MD NC	MA ND	MI OH		MS OR	MO PA
R		SC	SD	TN	TX	UT	VΤ	VA	WA	\overline{WV}		WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

••	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	3	\$
	Equity		\$
	Common Preferred		
	Convertible Securities (including warrants)		s
	Partnership Interests		s
	Other (Specify LLC Interests		\$_0.00
	Total	0.00	\$_0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	3	\$ 0.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		s
	Legal Fees		\$ 500.00
	Accounting Fees		s
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)	_	\$
	Total		\$ 500.00

	C. OFFERING PRICE, NU	MBER OF INVESTORS, EXPENSES A	ND USE OF PROCEEDS	
	b. Enter the difference between the aggregate of and total expenses furnished in response to Part C-proceeds to the issuer."	- Question 4.a. This difference is the "a	djusted gross	s500.00
5.	Indicate below the amount of the adjusted gross peach of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to P	any purpose is not known, furnish an lof the payments listed must equal the ac	estimate and	
		·	Payments to Officers, Directors, & Affiliates	
	Salaries and fees			_
	Purchase of real estate		· ·	
	Purchase, rental or leasing and installation of m and equipment	nachinery	_	
	Construction or leasing of plant buildings and f		_	_
	Acquisition of other businesses (including the voffering that may be used in exchange for the as issuer pursuant to a merger)	value of securities involved in this sects or securities of another		_
	Repayment of indebtedness			-
	Working capital			_
	Other (specify):			
			 	_ []\$
	Column Totals		\$_0.00	s0.00
	Total Payments Listed (column totals added)		s_	0.00
		D. FEDERAL SIGNATURE		
sigr	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fundamentation furnished by the issuer to any non-ac	urnish to the U.S. Securities and Excha	inge Commission, upon writ	ule 505, the following ten request of its staff
ssu	er (Print or Type)	Signature	Date	
	PS Holdings LLC	MINU	December 5	, 2008
Van	e of Signer (Print or Type)	Title of Signer (Print or Type)		
	Paul J. Kuehner	Manager of HIIT WPS Holding	s IIC, as Manager of '	WPS Holdings LLC

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ★

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
WPS Holdings LLC	MUMIL	December 5, 2008
Name (Print or Type)	Print or Type)	
PAUL J. KUEHNER	Manager of Bull Was Holdings	SILC, as Manager of WPS Holdings LLC

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

. APPENDIX									
ŀ	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 f investor and rchased in State C-Item 2)		under Sta (if yes, explana	ification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR		-							
CA									
со									
СТ		X	LLC interests	3	\$0.00				×
DE									
DC							· ·		
FL									
GA								!	
НІ									
ID									
IL									
IN									
IA									
KS									
KY									
LA		,							
МЕ									
MD									
MA									-
МІ									
MN									
MS									

APPENDIX 2 3 1 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price Type of investor and amount purchased in State to non-accredited explanation of investors in State offered in state waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount Investors Amount Yes No MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TNTXUT VTVA WA wv WI

	APPENDIX										
1		2	3				Disqua	lification			
	to non-a investor	to sell accredited is in State a-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			under St (if yes, explan waiver	ate ULOE, attach ation of granted) -Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY			·								
PR											

